

STATE OF IDAHO
TRAVEL EXPENSE VOUCHER SUPPLEMENTAL SCHEDULE

AGENCY NAME Agriculture	AGENCY CODE 210	PCA
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CLAIMANT'S NAME	
SOCIAL SECURITY NO.	STATE VEHICLE LICENSE

PURPOSE OF TRAVEL
I hereby certify that the Travel Services or Supplies set out in the voucher are correct and just and that I have not received payment.
_____ Claimant's Signature

DATE	FROM	TO	LEAVE TIME	ARRIVE TIME	MEALS	LODGING	MILES	COMMENTS
PRIVATE VEHICLE LICENSE NO.			TOTALS.....					

MISCELLANEOUS EXPENDITURES				EXPENDITURE BREAKDOWN SUMMARY			
DATE	ITEMS OR PURPOSE	AMOUNT	LINE NO.	PCA	EXP. CLASS	AMOUNT	AGENCY USE
	Postage registration meeting refreshments rental car phone/fax gas Other:						
SUB-TOTAL		\$ -					
MODE OF TRAVEL		AMOUNT					
COMMERCIAL AIRFARE		direct bill					
PRIVATE VEHICLE (MILES X RATE)			TOTAL REIMBURSEMENT ----->				
TAXI							
STATE CAR (GAS, OIL)							
OTHER airport parking							
airport shuttle							
TOTAL ----->							
GRAND TOTAL ----->							
						\$ -	SIGHT DRAFT #

FOR VALUE RECEIVED, I HEREBY ASSIGN ALL RIGHTS AND TITLE IN THE ABOVE CLAIM TO SIGHT DRAFT NO. _____	
ROTARY FUND NO. _____	0873 _____, Disbursing Officer.

DATE _____	CLAIMANT'S SIGNATURE _____
APPROVAL: _____	DATE _____